Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>0</u> 9-15 <u>-2010</u>	Address:	7028 N SR 25	
Case #:	<u>161 1995</u> 8		Logansport IN, 46947	
County:	Cass			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: N/A	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Zithium/Ammonia Reaction(s): Front room west				
Red Phosphorous/Iodine Reaction(s): N/A				
Flammable Solvents: Front room west				
Water Reactive Metal (Lithium): Entry area east				
☐ Anhydrous Ammonia: N/A				
Corrosive Acid: Entry area east				
Corrosive Base: Front room west				
Other (item and location): N/A				
Child under age 18 discovered (check one) Yes N/∆ (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M	Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Cass Co. Drug Task Force	
This repor	t is to be faxed to the following ager	ncies that serve the l	ocation:	
Fire Depart	tment: <u>Cass County</u>	Fax: (574)722-3842		
Health Department: Cass County		Fax: (5 <u>74)</u> Fax:		
Child Prote	ection Service: <u>N/A</u>		-	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Joshua Maller Phone (765) 473-6666				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.